

Field Treatment

1. Basic airway
2. Oxygen
3. Cardiac monitor/document rhythm and attach ECG(EKG) rhythm strip
 - ① ② ③

Note: Perform and attach 12 Lead ECG(EKG) if suspected acute cardiac event
④

4. Venous access prn

PERFUSING

5. Nitroglycerin 0.4mg SL or transmucosal
 - ① ② ③

☞ May repeat in 3-5 minutes two times, checking vital signs between doses
6. Aspirin 80-325 mg PO
 - ④ ⑤
7. If pain unrelieved by nitroglycerin, morphine 2-12mg IV
 - ⑥ ⑦

☞ May repeat prn

 - ⑦ ⑧

POOR PERFUSION

5. Shock position
6. If alert, aspirin 80-325 mg PO
 - ④ ⑤
7. Consider fluid challenge
 - ⑤
8. Dopamine 400mg/500ml NS IVPB start at 30mcgts/minute
 - ⑨
9. Consider careful titration of morphine 2-12mg IV
 - ⑥ ⑦

Drug Considerations

Nitroglycerin:

- ① Hold if systolic BP < 100 or patient has taken medication for sexual enhancement within 24-48 hours (Viagra within 24hours)
- ② If hypotension develops, place patient in shock position
- ③ May administer prior to venous access

Aspirin:

- ④ Contraindications: active GI bleeding or ulcer disease, hypersensitivity/allergy
- ⑤ Administer regardless of whether patient is on anticoagulants or has taken aspirin prior to EMS arrival

Morphine:

- ⑥ Use with caution if BP < 100 systolic or altered LOC
- ⑦ Titrate 2-12mg slow IVP to pain relief
- ⑧ Maximum adult dose: 20mg

Dopamine:

- ⑨ Titrate to systolic BP 90-100 and signs of adequate perfusion or to maximum of 120mcgts/minute

Special Considerations

- ① Treat dysrhythmias by appropriate guideline
- ② For noncardiac chest pain, **use steps 1 – 4 only**
- ③ For pediatrics, **use steps 1 - 4 only**
- ④ If ECG indicates *** Acute MI or the manufacturer's equivalent of STEMI, do not delay transport, continue treatment enroute to the SRC
- ⑤ Ensure absence of rales